


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jun 23, 2004 8:00 am**  
**Secretary of State**

06-23-2004 90073 017 \*\*\*\*50.00

**DOCUMENT # L03000001305**

1. Entity Name  
 NEVILLE PROPERTIES, L.L.C.



Principal Place of Business  
 1850 43RD AVENUE  
 VERO BEACH, FL 32960

Mailing Address  
 1850 43RD AVENUE  
 VERO BEACH, FL 32960

14024255



2. Principal Place of Business  
 5895 US Highway 1  
 Suite, Apt. #, etc.

3. Mailing Address  
 P.O. Box 7020  
 Suite, Apt. #, etc.

03122003 Chg-LLC CR2E083 (10/03)

City & State  
 Vero Beach, FL

City & State  
 Vero Beach, FL

Zip Country  
 32967-7534 Indian River 32961-7020 Indian River

4. FEI Number  
 81-0597565

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

FENNELL, TODD W.  
 979 BEACHLAND BLVD.  
 VERO BEACH, FL 32963

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
\*Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00 Due by September 8, 2004**

**Make check payable to Florida Department of State**

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BEUTTELL, RICHARD C JR 1850 43RD AVENUE VERO BEACH, FL 32960 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5895 US Highway 1 Vero Beach, FL 32967-7534
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BEUTTELL, VICTORIA M 1850 43RD AVENUE VERO BEACH, FL 32960 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5895 US Highway 1 Vero Beach, FL 32967-7534
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Victoria M. Beuttell 6.21.04 772.569.3986  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #